

## TOWN OF DARIEN APPLICATION FOR EMPLOYMENT

**Instructions:** Please complete the application in its entirety. Applications must be emailed or postmarked no later than the posted closing date. All required documents must be submitted to be considered for the position. Application materials must be submitted to the Town of Darien, Town Hall, 2 Renshaw Road, Darien, CT 06820, Attn: Human Resources Department or emailed to <a href="mailto:kdunn@darienct.gov">kdunn@darienct.gov</a>

	PLEASI	E TYPE		
Position you are applying for	·			
	accept:			
Name: Last	First		(voluntary) Middle	
Name. Last	FIISt		Middle	
Address – Number and Stre	et, Town/City, State & Zip C	Code:		
Cell Phone:	Home Phone (if different):	Email:		
Cen i none.	Tionic Thone (if different).	Lillall.		
Will you accept:	YES	NO		
	orary Work:			
	ime Work:			
EDUCATIONAL BACKO	GROUND	T	<del></del>	
0.1 1 4 4 1 1	Location	Course of Study	Credits	Degree or Certificate
Schools Attended (Include High School)	(City & State)	Course of Study or Major	Completed	Awarded
(flictude High School)	(City & State)	or wajor	Completed	Awarded
List other Training you be	ve received (For example, s	chariel courses work train	ing programs	armed forces
<b>~</b>	umber of hours of actual train	•	ing programs,	armed forces
training, etc. Estimate the n	umber of hours of actual train	ining you received).		
Dlagga list ony ligansa on ma	faccional decienation (c. c. (	TDA).		
Please list any ficelise of pro	ofessional designation (e.g., C	.PA):		
	If yes, list the name(s), the	dept. where they work & th	eir relationship	to you.
relatives working for the				
Town?				
Can you perform the essent	tial job functions of the job	for which you are applying	, with or witho	out reasonable
accommodation?	- 3			

PROFESSION	AL REFEI	RENCI	ES (3 Required): List	three persons who are not relate	ed to you, who would
have knowledge of your qualifications for the position for which you are applying. This should include current					
and former supervisors, and may also include co-workers/colleagues. It is the policy of the Town to contact					
references for candidates who are finalists.					
		Title/Occupation,			
Name			Business	Address/Email Address	Telephone
EMPLOYMEN	T HISTO	RY: Sta	art with your current of	or most recent job. Include paid	and/or unpaid, full- or
part-time, militar	ry, summer	jobs, e	tc.		
Is it OK to conta	et vour eur	rent em	ployer? YES	NO	
Job Title:	ict your cur	ient em	ipioyer: TES	NO	
Job Hue.					
Start Date:	End Date		Name and Address o	of Current or Most Recent Emplo	ver:
				r	<b>y</b>
Hours Per Wk:	Name, Ti	tle & P	hone Number of Imme	ediate Supervisor:	
				-	
Reason for Leav	ing:				
Description of D	uties and R	espons	ibilities:		
_		_			
Job Title:					
Chart Data	End Date		Nome and Address a	f Employers	
Start Date:	End Date		Name and Address o	i Employer:	
Hours Per Wk:	Name Ti	tle & P	hone Number of Imme	ediate Supervisor:	
Hours I CI WK.	Ivallic, 11	iic & i	none runner of minic	ediate Supervisor.	
Reason for Leav	ino.				
Reason for Leav	1115.				
D : .: CD	170		11 111,1		
Description of D	outies and R	espons	ibilities:		

EMPLOYMENT HISTORY (continued)					
Job Title:					
Start Date:	End Date:	Name and Address of Employer:			
Hours Per Wk:	Name, Title & Phone Number of Immediate Supervisor:				
Reason for Leav	ing:				
Description of Duties and Responsibilities:					
Job Title:					
Start Date:	End Date:	Name and Address of Employer:			
Hours Per Wk:	Name, Title & P	Phone Number of Immediate Supervisor:			
Reason for Leav	ing:				
Description of D	uties and Respons	sibilities:			
Job Title:					
Start Date:	End Date:	Name and Address of Employer:			
Hours Per Wk:	Name, Title & P	Phone Number of Immediate Supervisor:			
Reason for Leav	ing:				
Description of D	uties and Respons	sibilities:			

## EMPLOYEE CERTIFICATIONS AND AGREEMENTS

I understand that my offer of employment may be conditioned on a pre-employment physical and drug test. If I test positively on a properly confirmed drug test for controlled substances or refusal to submit to a drug test it is grounds for the withdrawal of any offer of employment and if a positive properly confirmed pre-employment drug test is reported after I have begun employment, it may be grounds for termination of any employment.

I authorize representatives of the Town of Darien to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

I certify that the information on this job application and all information provide throughout the pre-employment process is accurate, true. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer if the omission or falsehood is discovered before I begin employment, and if discovered after I have begun employment, it may be grounds for termination of my employment for just cause under the terms of any applicable collective bargaining agreement. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

I understand that employment, if offered is contingent upon proof of citizenship or employability under the requirements of the Immigration Reform Control Act (IRCA).

All employees of the Town of Darien have the right to resign from their jobs at any time, or for any reason or for no reason at all. Unless your position is governed by a collective bargaining agreement, statute or other contract, the Town of Darien retains the same right with respect to termination of any employee's employment. No department head, supervisor or other individual of the Town of Darien has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Town of Darien should be interpreted to make such a guarantee. NOTHING STATED BY THE TOWN OF DARIEN, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF DARIEN.

I, the undersigned have read, understand and agree to the foregoing.				
Signature of Applicant	Date			
Note: A typed name will substitute for a handwritten signature.				

## SUPPLEMENT TO EMPLOYMENT APPLICATION PARAGRAPH 19

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. The Town does not unlawfully discriminate in employment against qualified persons with a prior criminal conviction.

Please state the nature of the crime in which you were convicted:
Date of conviction:
Sentence or penalty imposed:
Please provide any details surrounding your conviction or rehabilitation that you think the town should consider when reviewing your application:
Date of conviction:
Sentence or penalty imposed:
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Please provide any details surrounding your conviction or evidence of rehabilitation that you think the Town should consider when reviewing your application:
The information I have provided regarding any prior convictions on this form is accurate and complete. I understand that providing this information will not disqualify me from consideration for a position but that the nature of the crime, the relevance of the crime to the position applied for, evidence of rehabilitation and the length of time since the crime occurred will be considered. I also understand that failure to provide accurate or complete information will result in the withdrawal of a job offer or termination of my employment.
Print Your Name Signature Date
Note: All applicants must complete this page. Write "N/A" if you have no convictions.  A typed name will substitute for a handwritten signature.